

MSFC ERGONOMIC CHECKLIST

EMPLOYEE BADGE # _____

EMPLOYEE NAME:	ORG. CODE:	BUILDING:	ROOM:	DATE:
ITEM	O.K.	CORRECTIVE ACTION	DATE ENTERED IN SHETRAK	SHETRAK NUMBER
1. Work Surface at proper height (elbows should be at 90-degree angle)				
2. Edges Protected (rounded or padded where forearms are rested)				
3. Proper Posture (back in neutral position, knees at 90-degree angle, forearms parallel to floor)				
4. Chair-Back Support				
5. Chair - (seat pan size correct)				
6. Chair - (armrests adjustable)				
7. Monitor - (16-29 inches away or at arms-length and positioned directly in front of keyboard)				
8. Monitor - Glare				
9. Keyboard (positioned directly in front of user)				
10. Mouse - (on same level as keyboard)				
11. Wrist Supports - (for the keyboard and the mouse, these may be obtained from the substore)				
12. Other: phone-rests, headsets, and trackball mouse, document holders, foot-rests, etc.				

EMPLOYEE SIGNATURE: _____

FURNITURE REPRESENTATIVE: _____

Is this an OSHA Recordable Case? If yes, please note the Case # and include NASA Form 1627

OSHA Recordable Case # _____

*Contractors: Call your Safety Representative if this is an OSHA Recordable Case

If medical treatment or evaluation is deemed necessary because physical complaints currently exist, please contact Occupational Medicine and Environmental Health Services (OMEHS) at 544-2390.

NOTES:

